VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	before admission)
WORCESTER_ MARYLAND		5-5752
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest town)
BERLIN 4Months	XIDERLIN	
OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
BERLIN NUVSING HOME	MAIN ST	YES NO NO
NAME OF First Middle	Last 4. DATE Month	Day Year
(Type or print) U-SORGIA N. CH	ICK DEATH DEC	22 1960
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	lost birthdoy) Months (YEAR IF UNDER 24 HRS. Pays Hours Min.
WIDOWED DIVORCED	1/0 x1 8, 1883 75 you	
Od. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
HUUSEVUIFE RETIRED	POSPECT VA	15 A
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
GEORGE 1) WARRINER	ELLNORA PRIGHT WOLL	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 Yes, no. or unknown) [(If yes, give war or dales of service)]	Address Address	A N
No No II	RS J. RICHARD DURBAGE,	CERCINI
18. CAUSE OF DEATH [Enter only one couse per line for (0)] b), and (c).]	1 1.	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PREUMO	INIZ LODAR	SCAME
DUE TO	4	
Conditions, if ony, which gove rise to immediate (b)		
couse (a), stating the under-		
lying couse lost. (c)		I The Mile Williams
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
200 ACCIDENT WAS UNDERLYING BY 200 DESCRIBE HOW INHIBRY OCCURR	ED. (Enter noture of injury in Part I or Part II of item 18.)	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. SERIES ROLLIES OF INJURY III FOR TO FERT II OF NEW YORK	
	LACE OF INJURY (Home, form, 20f. (City or town) (Conclory, street, office bldg., etc.)	ounty) (Stote)
Hour o. m., While Not while of work of work		
21. I certify that (I) (this hospital) attended the deceased fram.	Sept 1960 to 22 1960	that (1) (we) last
saw the deceased alive an 1) e c 22 19(0) and that	death accurred and M. from the causes and an the	date stated above.
22o. SIGNATURA		22b. DATE SIGNED
Ty source x	M.D. ATTENDING MED. STAFF PHYS. Jec	2463
PAYSICIAN'S NAME (TYPENELS J. TOWNSEND JE	· Exam City. Md.	
30 BURIAL, CREMATION, 236. DATE THEREOF 230, NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, fown, or county)	(Stote)
BURIAL 12/27/60 FORT HIL	- L MEMORIAL LYNCHBURG	VA.
A FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIG	NATURE
Anna A. Durbye Perlu	DATE DE A 7'60 Cuthur &	there

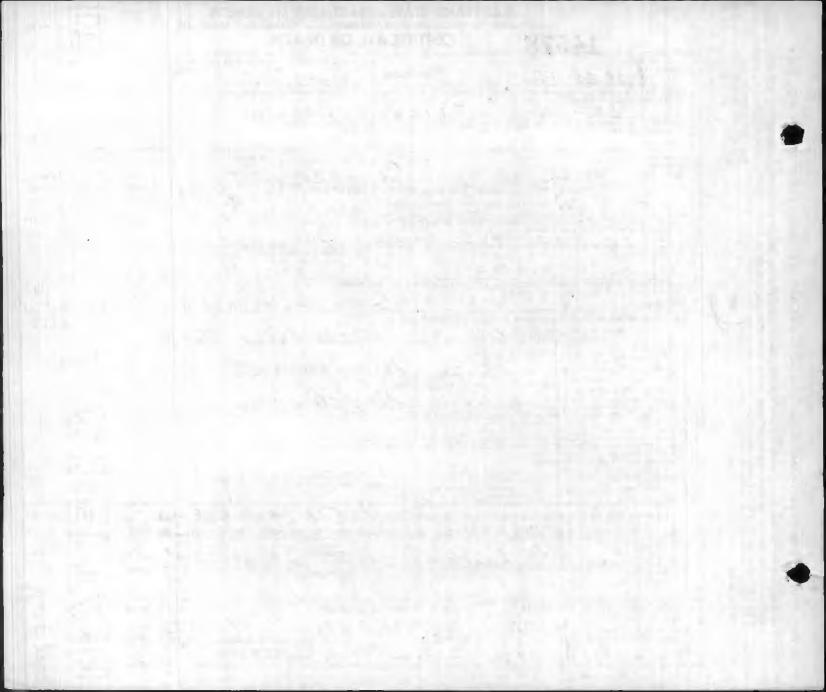
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1. PLACE OF DEATH	ESTER	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE		b. COUNTY	dence before admission)
b. CITY OR TOWN (I	- A	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	,	nits, write RURAL on	d give nearest town)
d. NAME OF HOSPIT OR INSTITUTION	ERUIX AL (If not in hospital, give street	address)	d. STREET ADDRESS	5T		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	MINNIE	C Middle Ce	Lost OPP5R	4. DATE OF DEATH	DEC.	Day Year 23 196
5. SEX	6. COLOR OR RACE 7. MAR WIDOW		JUNE 25	9. AG	E (In years birthdoy) Month	SER I YEAR IF UNDER 24 HRS B Doys Hours Min.
100. USUAL OCCUPATION during most of work	king life, even if retired)	NIND OF BUSINESS OR INDUS	R-	INN	1 D 12.0	U S A
SIDNEY	, WILLIAM	ح	ELIZA?		HADD	JR.
	R IN U. S. ARMED FORCES? 16 (If yes, give wor or deter of service)	SOCIAL SECURITY NO. 17. IN	FORGE W	d Cest	PER B	GRUIN IV
	mmediate	Chr. M	your	trotte	Teole	INTERVAL BETWEEN ONSET AND DEATH
lying cause last.	the under- DUE TO (c)	Chr. n	efhrei			
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVEN IN P	PERFORMED?
(IF EITHER, NOTIFY	AS UNDERLYING DESCRIPTION OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	Port I or Port II of	item 1B.)	
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year 20d. While 19 at wa	Not while foo	ACE OF INJURY (Home, form story, street, office bldg., etc		wn)	(County) (State
21. I certify the sow the decease 22a. SIGNATURE		ded the deceased fram. 3-1960, and that d				LGO, that (1) (we) las the date stated above 22b, DATE
22c. PHYSICIAN'S NAME (Type)	as R. X	au		ED. STA	AFF /2-	23-60 SIGNED
230. BURIAL, CREMATIO REMOVAL (Specify)		23c. NAME OF CEMETERY OF	G G N	BERL	City, town, or count	y) (Stote) D.
24, FUNERAL DIRECTOR	S SIGNATURE A Burbage	Bellin 1	Md 250. REC'	D BY REGISTRAR	25b. REGISTRAR'S	

VR A15 (4) 15M 9/59



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\$ & g		145 8MEDICAL EXAMINER'S CERTIFICATE OF DEATH Thems. 5.6 FilmG277 12-21-60 et Reg. Dist. No. 14500
please exe shauld b cremation	XX	PLACE OF DEATH O. COUNTY O. COSTER D. COUNTY D. COU
Pege	W	b. CITY OR TOWN (If outside corporate limits with flural) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits write RURAL and give nearest town) OCOMO THE CHANNEL CONTROL OF STAY IN 1b. C. CITY OR TOWN (If autside carporate limits write RURAL and give nearest town)
dies.	+	d. NAME OF HOSPITAL OR INSTITUTION (In not in hospital, give street didress) d. STREET ADDRESS Bank S. IS RESIDENCE ON A FARM? YES NO 12
uneral or your fi		1. NAME OF DECEASED (Type or print) Plane print) A. DATE Month Day Year OF DEATH 12 9 1960
h. If a he for hed for the r		Female Negro Negro Never Married Never Married State of Birth
er deof ond 3 to a retoin d 2 with	_	Ou. USUAL OCCUPATION (Give kind of work done TOD KAND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY during host of working life, even if relired)
ours after 5 may be ges 1 and	1)	13. FATHER'S NAME arch Ballard. 14. MOTHER'S MAIDEN NAME Resease
ve Page Page Page File po		15. WAS DECEASED EVER IN A. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT arthar for dates of services (If yer/give war or dates of services)
ed with 18. Gi n PM3.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY:
execut ith farr ansit p		916.0 DUE TO DUE TO
auld be pencil i along w burial-ti	/// 5	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
ng in Office	٨	
is certifi Tipendi miner's d be use		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) CAUSE OF DEATH.
NER: This he word ical Exam 3 shauld	23	20c. TIME OF INJURY Month, Day, Year Hour e. m. While Nat while of work of wor
EXAMI vrilling 1 ief Med R: Page		21. I certify that I took charge of the remains described above, held an Autopsy , (Inspection , Inquiry , and find the death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause
DICAL Wifecte, w	~	ACTUAL AC
e the ce worded to UNERAL Diremoval.	d	SIGNATURE EXAMINER'S ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER OF TOY 145 DEPUTY MEDICAL EXAMINER OF TOY 145 DEPUTY MEDICAL EXAMINER
cute the ce forwarded I TO FUNERAL or removal.		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 28d TOCATION (City, town, or country) (State)
VS. A15ME(5)	3	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS, ADDRESS, 240. REGISTRAR'S SIGNATURE PARTY WHO Church, VG DATEGE 15'60 Curling & Kinga
5M 9/55	1	John John Command of John

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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

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1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN (If outside corporate limits,		" STATE RYLA	ere deceased lived. If institution b. COUNTY b. COUNTY outside corporate limits, write RU	JORCESTER.
RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION	street address)	d. STREET ADDRESS	LIX	e. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED First	Middle	Lost	4. DATE Mont	14 10
1.1	ARRIED NEVER MARRIED ☐	B. DATE OF BIRTH	9. AGE (In years lost birthday) 7.3 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	O YN HOM C	5 BER	UN MD	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME MINOS WYAT	T	LAURA	WILLIAM.	2
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or ynknown) (If yes, give war or dates of servi	(e) No N	P. THEODUR	5 HADUER	2, BERLIN MO
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. (b) DUE TO (c)	Orgestine : Objections	Heart Fai	'elene soular Des	INTERVAL BETWEEN ONSET AND DEATH 2 why 2 yrs
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TIONS CONTRIBUTING TO DEATH BU			EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19	20d. INJURY OCCURRED 20e. P While Nat while at work at work	LACE OF INJURY (Home, form octory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that (I) (this haspital) saw the deceased olive an		death occurred of	M, from the causes on	2., 19 Co, that (1) (we) lost d on the date stated obove.
22c. PHYSTCIAN'S NAME (Type) VOVY	. Sully, Sn.	15 22d. ADDRESS Be	rlin, Md	17
	23c. NAME OF CEMETERY	ERGEN	23d. LOCATION (City, town, of	NID.
24. FUNERAL DIRECTOR'S SIGNATURE Amua A. Bust	age Berlin	md. DATE DE	CO 4 0 100	ally & Thous

AND THE PERSON OF THE PERSON O

VS A1S (4) 1SM 9/SB

)	COUNTY VICECESTER MARYLAND	O. STATE MARY LAND OR COUNTY	25 T & R
	b. CITY OR TOWN (If outside corporate limits, write RURAL and eige nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES X NO
	NAME OF DECEASED (Type or print)	Lost 4. DATE Month OF DEATH DEC	Day Year 3 / 19 G YEAR IF UNDER 24 HR
S.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Oct. 30 1883 lost birthdoy) Months D	ays Hours Min.
R	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if refired) ETLRED GARAGE OKNER OWN BUSINE FATHER'S NAME VORRIS KIEDGH	8 and a Marcel	U, SA.
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dotes of service)	INFORMANT Address RS. HOWARD KEOCH. BERLIN	Mo RA
	PART I. DEATH Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	of Prost ate	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if only, which gove rise to immediate couse (a), stating the under-lying cause last.	C	
CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	19. WAS AUTOPS' PERFORMED? YES NO
CERTIFI	20g. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Part II of item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P While Not while of wark at work	PLACE OF INJURY (Home, form, 20f. (City or town) (Coactory, street, office bldg., etc.)	unty) (Stot
	21. I certify that I attended the deceased fram alive an Second that deat ACTUAL SIGNATURE SIGNATURE	h accurred at 11,250 M, from the causes and an the ADDRESS (Street, ally or town, state) M.D. Color (19,00)	
	PHYSICIAN'S NAME (Type) N. S. Line 271 A.S	/	
224	BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OF ST, PAULS	CHURCHYARD BERLIN	(Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE Burbage Bulin	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN DATE JAN 5 '61 Carling &.	

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PLACE OF DEATH o. COUNTY Worce	st
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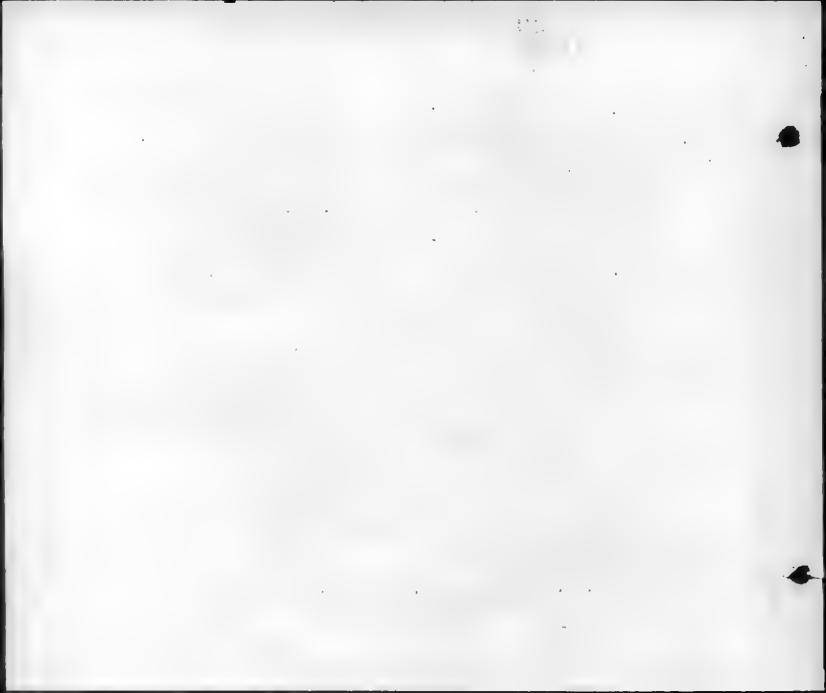
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TO HOSPITAL A ATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 have death. Page 4 may be remarked by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Mealth prior to burial, cremotian, or remaval, and in any event, within 72 hours direct death.

VR A15 (4) 15M 9/59

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1. PLACE OF DEATH 0. COUNTY	rcester		MARYL	AND	2. USUAL RESIDENCE (Wo. STATE		d lived If institut b. COUNTY			re admissi ster	
6 CITY OR TOWN (III	outside corporate limit	ls, write	c LENGTH OF STAY	ИЪ	c. CITY OR TOWN (IF		orate limits, write f				
Pocomoke			14 years	5	Pocomoke	e City	v				
d. NAME OF HOSPITA	AL (If not in hospitol, g	ive street	address)	İ	d. STREET ADDRESS					e IS RES	DENCE FARM?
Fourth &	Market S	tre	ets		Fourth &	& Marl	ket Str	eet			NO X
3 NAME OF DECEASED	Fin		Middle		Last	4. DATE	Mo		Do		(ear
(Type or print)	GERTRU		WALTER		KER	DEATH	Decemb		19		960
5. SEX			RIED NEVER MARRIE		. DATE OF BIRTH	- 0.01	9. AGE (In years lost birthdoy)		1 YEAR	IF UNDE Hours	R 24 HRS Min.
Female	White	WIDOW		_	Sept. 27,	1884	76 yrs.				
10a. USUAL OCCUPATIO during most of work	N (Give kind of work o ing life, even if retired)	ione 10b.	KIND OF BUSINESS OR	INDUST	RY 11, BIRTHPLACE (Stole	e or foreign o	country)	12. CITI	ZEN Of	F WHAT C	OUNTRY?
Housewife					Mary	yland		U	SA		
13. FATHER'S NAME					14. MOTHER'S MAIDEN						
Thomas B.	Walters					riett	A. Hal	1			
15. WAS DECEASED EVER	RIN U. S. ARMED FOR				ORMANT			iress			
(Yes, no, or unknown)			None	Mis	s Bertha V	Walter	rs, Poc	omoke	Ct	Lty,	Md.
		use per li	ne for (a), (b), and (c).]						INT	ERVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	Res	spiratory Fa	ilu	re					day	
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Conditions if of		Pne	eumonia, hyp	osta					- 100	2 vr	3.
gove rise to in		(b)			Cerebral .	Athero	sclerosi	s, sev	1	2 yr	S.
ly'ng couse last) (c	Cei	rebral Thron	bose	s (d)Arteri	oscler	osis, ger	1.wev.		2 yr	S
PART IL OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT !	NOT RELATED TO THE TERM	WINAL DISEAS	SE COND TION G	VEN IN PART	T 1(a) 1	9 WAS /	AUTOPSY RMED?
3 (1)Para					to b abov			chroni	.c	YES 🗌	но 🚺
U (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OC	CURRED	. (Enter nature of injury in	Post 1 or Po	rt II of item 1B)				
	Month, Doy Yes				CE OF INJURY (Home, for		y or town)	(0	County)		(State)
Hour a.m	19	While of wor	rk al work .	100	ory, street, office bidg., e	16.)					
3) I certify tha	t (I) (this haspital	\ attend	ded the deceased f	rom	anne 1	048 10	19 Dec	1. 106	O th	ot (I) 6	mal last
saw the deceas		SIC			eath accurred at 3	PM HA					
222 SIGNATURE	n -		A dila	ilidi de	/	F 1411 14 Oct.)	THE COUSES OF	na on mo			DATE.
11.8.8	antonin	21	m.	N	D PHYS.	MED. DIRECTOR	STAFF PHYS.		12	2-20	- 60
22c PHYSICIANYS NAME (Type)	** 57 6	. /	V		22d. ADDRESS						
(Type)	N. E. Sa	rtor	rius, Jr.		Pocomok	ce Cit	y, Mary	yland			
230 BURIAL, CREMAT OF	N. 23b. DATE THEREC	F	23c NAME OF CEME			23d. 1OCA	ITION (City, town,	or county)		(State	e)
Buria's Tector)	12-21-	60	0ld Sch	col	Baptist	Sno	w Hill	Mar	yla	and	
24 FUNERAL DIRECTOR"	SIGNATURE	_ ,	ADDRESS		1 13	C'D BY REGIS		STRAR'S SIC	GNATU	RE	
Henry	HWala	on	Pocomoke	Cit	y, Md DATE	EC 2 7 '6	a a	thur I	5		
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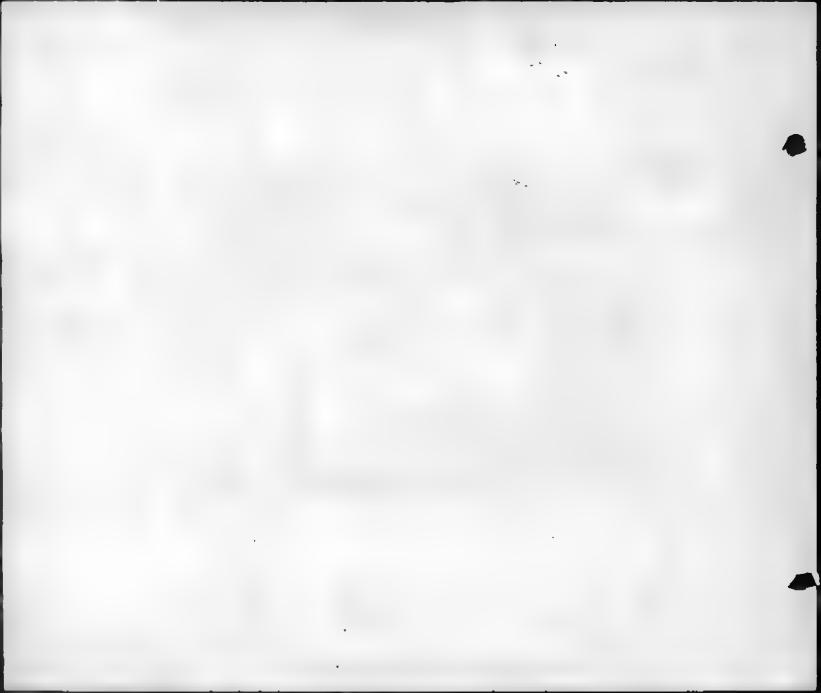


	MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
68 6	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.	10564
should I	PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where decreased fived. If Institution: Residence before or o. STATE b. COUNTY	denission)
Page 4	b. CITY OR TOWN (If ourside corporate limits, write streat of LENGTH OF STAY, IN 1b c. CITY OR TOWN (If ourside corporate limits, write RURAL and give negrest	lown) 2
riar to	D-#2 + V D-#3	RESIDENCE IN A FARM?
delar rol c stror p	3. NAME OF First Middle Last 4. DATE Month Doy	Yeor Yeor
fund of you	(Type or print) - Color OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (m. years) IF UNDER 1YEAR IF UI	19 60 NDER 24 HRS
to the life the life the	From. C. WIDOWED DIVORCED C. + 1960 lost birthday) yrs. Months Day's Hour	Min.
er dec ond 3 d 2 w	Can USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Addring most of working file, even if retired)	
rs offinoy b	12: FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1/1	
Pages oge 5 r	15. WAS DECEASED EVER IN U. S. ARMED FORGES? (16. SOCIAL SECURITY NO. 17. INFORMANT) Address	777
File Political	(Per no. or uninoun) (Leas, give month contraction of ship of the select Many flow hours	25
18. All PM.	18 CAUSE OF DEATH [Enter phly one course for line for (o), (b), and (c).] PART 1. DEATH WAS PAUSED BY: IMMEDIATE CAUSE (a) ONSET AND Lock of the Steel Land of the steel L	DEATHY OF THE
th form	Mule to	To The
d be neil in ng wi riol-tr	Conditions, a ony, which gove rise to immediate cause OLETO ON stating the underlying DUE TO	
should o	couse lost. (c)	
fificate office of the organization of the org	YES	FORMED?
a a a a	20a EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port ! or Part II of item 1B.)	
NER: This word icol Exam 3 should	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) While Not while to get work of work	(Stote)
Meding the		d find that
Chief TOR:	death resulted from: Natural couses [], Accident [], Suicide [], Homicide [], Undetermined couse [].	~ 0
EDICAL THE DIRECT	SIGNATURE ATTICIONAL M.D. CHIEF MEDICAL EXAMINER	E SIGNED
e the worded worded UNERAL removol.	EXAMINER'S NAME (Type) // F, SIL TOY (U' S DEPUTY MEDICAL EXAMINER)	122/6
o DEPUT	We start of the last within th	(ofe)
5 . 5	BUR'A 12-24-60 FCCKS LESS NR. KERIN DOA. 13. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE	
VS. A15ME(5) SM 9/55	Thouston B. Solley, Salisbury, md, DATE DEC 28'50 archay & thouse	
11500	. x \ / /	



8 8 8		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 14565
should cremoti	(1.1)	1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND 2. USUAL RESIDENCE (Vyhere deceased lived. If institution; Residence before admission) b. COUNTY b. COUNTY C. C
Poge ,		F. CHY OR TOWN He auticle corporate limit, write Expt. L. LENGTH OF STAY IN 16 c. CITY OR FOWN (If auticle corporate limits, write RURAL and give necrest town) The state of
director.	×	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give sides address) d. STREET ADDRESS ON A FARM? YES NO D
ony dell uneroll ryour fi		3 NAME OF DECEASED (Type or print) 1-72 (C) (Type or print) 1 -72 (C)
to the fine for the first the form		5 SEX 7 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DIATE OF BIRTH 9. AGE (in your fast birthday) yrs. WIDOWED DIVORCED DIVORCED 7. MARRIED 7. M
ond 3	I	10a. USUAL OCCUPATION (Give kind of wark done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ges 1, 2 5 moy oges 1		13. FATHER'S NAME (for mice Leather Grang Parth Elizaber life white
Jive Poga 3. Page file p	(15/WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT, Charles of deliver of services 16. SOCIAL SECURITY NO. 17, INFORMANT, Charles of Caldress of Services 16. SOCIAL SECURITY NO. 17, INFORMANT, Charles of Caldress of Services 16. SOCIAL SECURITY NO. 17, INFORMANT, Charles of Caldress of Services 16. SOCIAL SECURITY NO. 17, INFORMANT, Charles of Caldress of Caldress of Services 16. SOCIAL SECURITY NO. 17, INFORMANT, Charles of Caldress of Services 16. SOCIAL SECURITY NO. 17, INFORMANT, Charles of Caldress of Services 16. SOCIAL SECURITY NO. 17, INFORMANT, Charles of Caldress of Services 16. SOCIAL SECURITY NO. 17, INFORMANT, Charles of Caldress of Services 16. SOCIAL SECURITY NO. 17, INFORMANT, Charles of Caldress of Services 16. SOCIAL SECURITY NO. 17, INFORMANT, Charles of Caldress of Services 16. SOCIAL SECURITY NO. 17, INFORMANT, Charles of Caldress of Caldress of Services 16. Social Security No. 17, INFORMANT, Charles of Caldress of Services 16. Social Security No. 17, INFORMANT, Charles of Caldress of Services 16. Social Security No. 17, INFORMANT, Charles of Caldress of Services 16. Social Security No. 17, INFORMANT, Charles of Caldress of Services 16. Social Security No. 17, INFORMANT, Charles of Caldress 16. Social Security No. 17, INFORMANT, Charles of Caldress 16. Social Security No. 17, INFORMANT, Charles of Caldress 16. Social Security No. 17, INFORMANT, Charles of Caldress 16. Social Security No. 17, INFORMANT, Charles of Caldress 16. Social Security No. 17, INFORMANT, Charles of Caldress 16. Social Security No. 17, INFORMANT, Charles of Caldress 16. Social Security No. 17, INFORMANT, Charles of Caldress 16. Social Security No. 17, INFORMANT, Charles of Caldress 16. Social Security No. 17, INFORMANT, Charles of Caldress 16. Social Security No. 17, INFORMANT, Charles of Caldress 16. Social Security No. 17, INFORMANT, Charles of Caldress 16. Social Security No. 17, INFORMANT, Charles of Caldress 16. Social Security No. 17, INFORMATT, Charles of Caldress 16. Social Securi
m 18. orm P.M.	/	18. CAUSE OF DEATH [Enter only one cause per line for (a)-(b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)
il in Ite with fo		Conditions, if any, which lever 29 6) after comercy Head
in pencie olong		[a], stating the underlying DUE TO 13 recell 15. 2020 and leave
nding" 1.5 Office used as	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 19 NO
ard "pe examine		20a. EXTERNAL CAUSE WAS PRIMARY & ar CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or from 1B.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (Cryptor town)) (State)
g the w edical f		Haur a. m. to 38 to 66 of work of treet, affice bldg, etc.) Townskie to love of the
the EAM Chief M TOR: Po		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .
rtificate, v to the Ch	. 6	ACTUAL SIGNATURE DATE SIGNED DATE SIGNED
ore the ce	геточа	EXAMINER'S NAME (Type) 220. BLRIAL CREMATION, 1226. DATE THEREOF 1221. NAME OF CEMETERY OF CREMATORY 1222. NAME OF CEMETERY OF CREMATORY 1223. LOCATION (City town, or county) (Stoke)
5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	Ö	22c. NAME OF CEMETERY OR CREMATORY BUT181 22c. NAME OF CEMETERY OR CREMATORY BUT181 22c. NAME OF CEMETERY OR CREMATORY Wardtown Cem. 22d. LOCATION (City, town, or county) POCOMORE City, Md. 22d. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
/S. A15ME(5 5M P/55	B1	Codes ar archarte New Church, Va. DATE AN 5 '61 a my & The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH DICAL EXAMINER'S I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission) a. COUNTY and 3 to the funeral director, Page may be retained for your files. of Health, OREEsb. COUNTY 10ACES MARYLAND b, CITY OR TOWN (if outside corporete limits, C LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town! ezn d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Boar STREET ADDRESS e. IS RESIDENCE ON MEARM? be retained the the State B YES NO death. any NAME OF Middle DATE DECEASED OF 196C DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If a base execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be respected to the Chief Medical Examiner's Office along with form PM3. Page 5 may be respected to the Chief Medical Examiner's Office along with formally pencil and 2 with the transfer of the Chief Medical Control of the Chief Medical Ch (Type or print) DEATH 5. SEX 6 COLOR OR RACE NEVER MARRIED 9. AGE (In years (IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED last diffinday) Months WIDOWED DIVORCED TOP LSUAL OCCUPATION (Give kind of work I 106 KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? dana during most of working life, even if refired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAMI INGB 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) I (If yes give war or dates of service) INTERVAL BETWEEN 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve risa to immediata cause **DUE TO** (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 116, 19. WAS ALTOPSY CERTIFICATION PERFORMED. ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat PUSURE NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED DOOD, PLACE OF INJURY (Home, faith, A-CEC DEN MEDICAL Month, Day, Yeer 20th (City or lown) Not While A B fectory, street, office bidg., etc.) Not While at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from, Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE NAME (Type) Address (Streat, city, town, or county) 220, BURIAL, CREMATION, 226 DATE THEREOF NAME OF CEMETERY OR CREMATORY RIMOVAL (Spedify) INEBERR 240 g Q 23. FUNERAL DIRECTOR REC'D BY REGISTRAR 24a. REGISTRAR'S SIGNATURI VS. A15ME SM 7/59



TO HOSPITA

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1 PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (W		ion Residence before admission)
Worcester	* Maryland * COUNTY Worcester			
b. CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town)			
Pocomoke City	25 years		moke City	
d NAME OF HOSPITAL (If not in hospital, give street of QR INSTITUTION	address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
402 Market Street		402	Market Stre	et YES NO 🔯
3 NAME OF First DECEASED	Middle	los!	4. DATE Mor	
(Type or print) Vernon	Chestnut	Miles	Decem Decem	3, 1,00
	IED X NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male White widows			.900 60 yrs	Manths Doys Hours Min
100 USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Boat Captain	Freight	Virg	ginia	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Moody K. Miles Sr.		unknow	m	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT		ket Street
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes as or unknown) Yes WW #2 16. 22	28-32-2745 M	rs Edna Mil		e City, Marylar
18. CAUSE OF DEATH [Enter only one couse per Jir		20 20110 1113	LOS TOCOMOR	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY.	as to to), to), and te).	II.	a 13	ONSET AND DEATH
MMEDIATE CAUSE (0)	al Mar	May Jens	1	13/2 18
163 X DUE TO		/		
Conditions, if only, which) (b)			<u> </u>	
gave rise to immediate couse (a), stating the under-				
lying cause last. (c)				
	ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1(0) 19 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS C				PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCURRI	D (Enter noture of injury in	Port I or Port It of item 18.)	, AS
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	NJURY OCCURRED 20e PI	ACE OF INJURY (Home, fare	n, 20f (City or town)	(County) (State)
Nhile p. m 19 at worl		ctary, street, office bldg., etc	-)	
		1771	1 2 2	125
21 I certify that (I) (this hospital) ottend			34. 10 00 - 22. 10	, 194, that (I) (we) lost
sow the deceased alive on O.P.C.	219_6_C, and that	death occurred at 02	M, from the causes ar	nd on the date stated above.
220. SIGNATURE	1.	ATTENIDING / M	ED CTAES	22b. DATE,
	adec	M.D. PHYS 🗗 D	ED STAFF	12-4-66
22c PHYS CIAN S NAME (Type) Charles W. T.	rader, M.D.	302 Mark	cet St., Pocor	moke City, Md.
23a BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERYX	X SERVICES X	23d. LOCATION (City, town,	or county) (State)
Burial 12-5-60	Bethany Me			
24 ELINERAL DIRECTOR'S SIGNATURE	ADDRESS		Pocomoke C	
	ADDRESS	750 000	D BY REGISTRAR 2Sb REGI	ISTRAR'S SIGNATURE



14582 CERTIFICATE OF DEATH

(State)

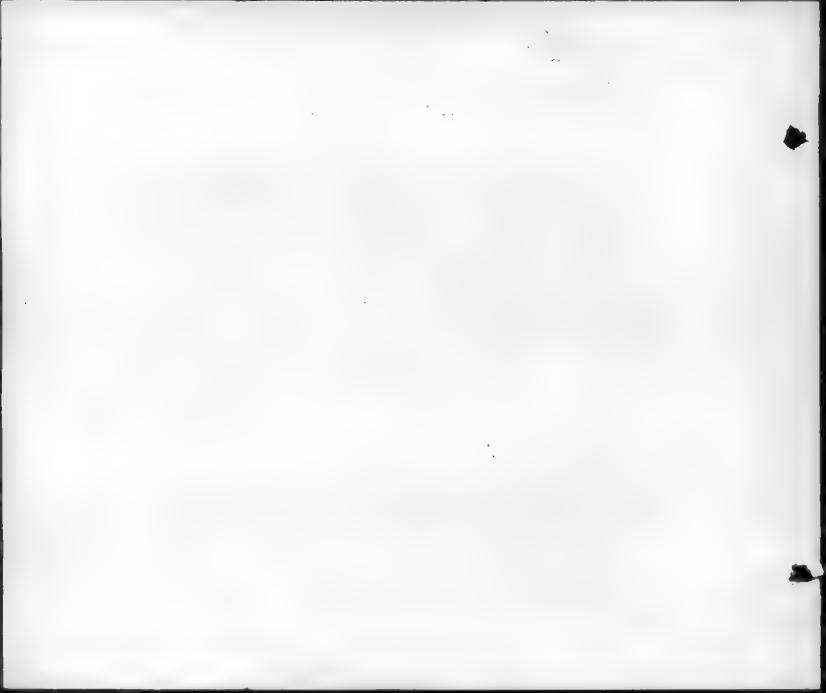
SIGNED

2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)

director, iled with filed v funeral 2 c filled burial-transit emotion may be retained by the ILINERAL MIRETION: 0

PLACE OF DEATH

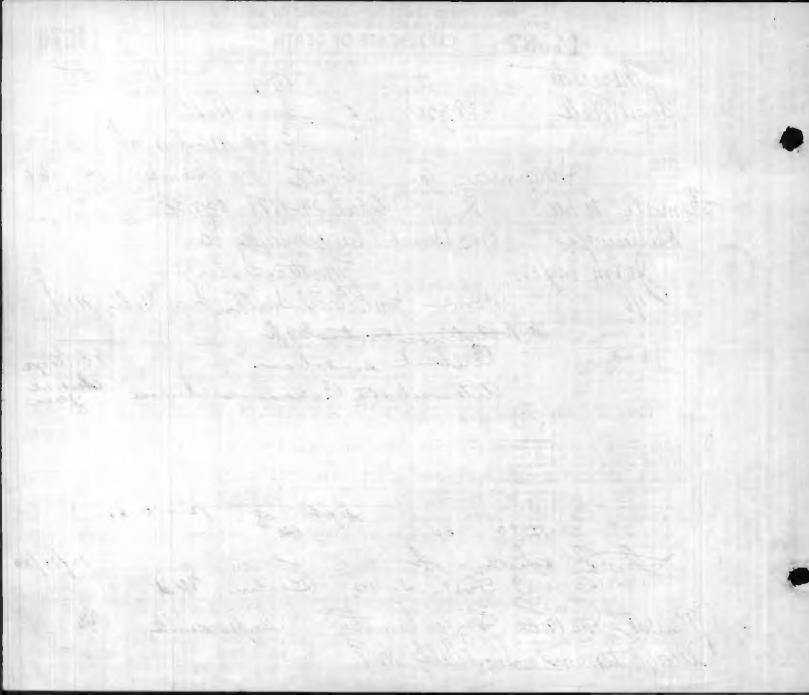
a. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO DE NAME OF Middle 4. DATE Year OF DEATH (Type or print) STEPHEN ACITSOID! 19 60 LUILLIN S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months Days WIDOWED IX 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most af warking life, even if retired) ENGINLER KAILROAD FR. LINI 1. 12 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARAH DI+ N 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANI 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Lectur OSC Un oses Conditions, if ony, which (b) gave rise to immediate DUE TO couse (a), stating the underlying couse last, PART IF, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO F 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enler nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) Day, Year (County) factory, street, affice bldg., etc.) Hour a.m. While Not while at work at work p. m. 21 | certify that (|) (this haspital) attended the deceased fram. 1950, ta 500, ta 500, that (|) (we) last 5_19.60 and that death accurred at 4.1 M, from the causes and on the date stated above. saw the deceased alive an and col 220 S.GNATURE 226, DATE MED DIRECTOR PHYS M D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a BURIAL CREMATION. DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) UCKINGHAL DURIAL 24. FUNERAL DIRECTOR'S SIGNATURE 25b REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, PLACE OF DEATH! 2. USUAL RESIDENCE (Where degreesed lived. If institution, Residence before admission o. COUNTY o. STATE 6 COUNTY. MARKING b. CITY OR TOWN (If outside gorpa/bie limits, write RUM) and give nearest joyn) c LENGTH OF STAYIN 16 c. CITY OR TOWN (If outside corporate/imits/write RURAL and give nearest town) d NAME OF HOSPITAL (If not is hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T <u>_</u> NAME OF Yeor filled DECEASED DEATH ages deoth. (Type or print) 9. AGE (In years | IF JNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OF RACE 7 MARRIED NEVER MARRIED DIVORCED papers сотрі OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY) BIRTHPLACE (Stole or most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY oud carbon physician IS. WAS DECEASED EVER IN U. S. ARMED FORRES? 16 SOCIAL SECURITY NO. 17 INFORMAN altending CAOSE OF DEATH | Enter only one couse per line for (o), (b), and (c)] USTERVAL BETWEEN d PART I. DEATH WAS CAUSED BY:
IMMED ATE CAUSE (o) DUE TO þχ Conditions, if any, which gued gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. peen PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NOT ROS/ S 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d INJURY OCCURRED (Stole) factory, street, office bldg., etc.) Wh le Not while may be retained by the haspital of TO FUNERAL DIRECTOR: After this at work at work 21 I certify that (1) (this haspital) attended the deceased from 12 22 _, 19.5(Q, that (!) (we) last 1. to 6/00 d. . 19 4 C, and that death accurred of AM, from the causes and on the date stated above sow the deceased alive on 22o. SIGNATURE SIGNED MED DIRECTOR Ø PHYS 22c PHYS CIAN'S 22d. ADDRESS 3 shau d NAME (Type) Ъ page 3 sh the State DATE THEREIOF ME OF CEMETERY OR TREMATORY 300 REC'D BY REGISTRAR DATE DEC 21 160 O. Char

MARYLAND STATE DEPARTMENT OF HEALTH





may be retained by the haspital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, trages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.
may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers 1 and 1 he registrar priar to burial, cremation, or removal, and in any event within 72 hours offer death.
may be retained by the haspital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers for the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death
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may be retained by the hospital or offending physis TO FUNERAL DIRECTOR: After this certificate has be page 3 should be detached for use as the burial-tra the registrar prior to burial, cremation, or remaval,
may be retained by the haspital or other TO FUNERAL DIRECTOR: After this certific page 3 should be detached for use as the the registrar prior to buriol, crematian, a
moy be retained by the hospit TO FUNERAL DIRECTOR: Affect page 3 should be detached for the registrar prior to buriol, or
may be retained by TO FUNERAL DIRECT page 3 should be a the registrar prior t
TO FUNEN Poge 3 The regis

requires that the death certificate be executed within 24 hours

TO HOSPITAL

VS A15 (4) 15M 10/57

					W4. 2111 110.		
PLACE OF DEATH O. COUNTY WOT	cester	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE Maryl	4 (00111117)	tion: Residence before admission) Y Worcester		
b. CITY OR TOWN	(If outside corporate limits, writ	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	comoke City	10 months	Rural	-Pocomoke C	itv		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION R. F. D. 3		d. STREET ADDRESS R.F.D	e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF	First	AV. A.W.	D				
DECEASED (Type or print)	HATTIE	Middle E e	TAYLOR	4. DATE MO OF DEATH Decemb	porth Doy Year 23 1960		
i. SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.		
Female	White woo	OWED DIVORCED	Oct. 8, 18	80 80 yrs	Manths Days Hours Min.		
On. USUAL OCCUPATI	ION (Give kind of work done It rking life, even if retired)	06. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUNTRY		
None	raing inte, even it retired)		Mary	land	USA		
FATHER'S NAME		7.5	14. MOTHER'S MAIDEN N				
Elias			Sara	tte			
S. WAS DECEASED EV	ER IN U. S. ARMED FORCES?		NFORMANT		dress R.F.D. 3		
No		None H	orace M. Jo	nes, Pocomo	ke City, Maryla		
Conditions, if a gave rise to couse (a), stating lying cause lost.	immediate DUE TO	Tneumonic			INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH		
an	Lerro se Cerati	e Heart Cluses	re - buch	letes Theller	PERFORMED? YES NO N		
200. ACCIDENT W OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)						
20c. TIME OF INJUI Hour o. m. p. m.	Wh		ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town)	(County) (State)		
21. I certify I	hat I attended the dece	ased from Nov 15	occurred at 84	M, fram the causes ADDRESS (Street, city or lown	and on the date stated above DATE SIGNED		
PHYSICIAN'S NAME (Type)	Donald F.	Fletchel,	Ti Hors	sey, Va			
20. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY	A CREMATOR	22d. LOCATION (City, fown,	or county) (State)		
BENGYAL IS BEGTY	12-26-60	Remson Met	hodist	Rural-Poco			
FUNERAL DIRECTOR		ADDRESS			SISTRAR'S SIGNATURE		

